

## **Triage and Transport Rule**

The Triage and Transport rule adopted by the EMS Commission at its November 2011 meeting achieves an excellent balance of patient care and flexibility for EMS providers and should be re-adopted by the Commission, with a couple of minor updates. The rule advises EMS personnel to assess the condition of each patient upon arrival at an incident and then work their way through this matrix:

- Patients who EMS personnel determine fall into Step One or Step Two of the Centers for Disease Control Decision Scheme shall be transported to the nearest trauma center unless:
  - It will take more than 45 minutes to take the patient to the nearest trauma center, or
  - The patient's life will be endangered if care is delayed by going to the nearest trauma center.
  - If either of these two exceptions occur, the patient should be taken to the nearest appropriate hospital as determined by the EMS provider's protocols.
  - The 45 minutes begin when the patient is placed in the ambulance and the ambulance is ready to depart the scene. It ends when the patient is in the hands of hospital personnel.
- Patients determined to need trauma center care by virtue of satisfying either Step Three or Step Four of the CDC Decision Scheme shall be transported to either a trauma center or the nearest appropriate hospital, as determined by the provider's protocols.
- Patients who don't meet the CDC criteria for trauma center care may be taken to a trauma center if permitted under the provider's protocols.
- The receiving hospital or trauma center shall be notified by EMS that they are en route to allow appropriate activation of resources prior to patient arrival.
- Patients have the right to decide where they will be taken by EMS personnel, even though that provision has been removed from the rule, because that is Indiana law and including it in the rule would be superfluous.

Minor updates to the November 2011 Commission-adopted Rule should include:

- The "field triage decision scheme" definition should be changed to reflect the CDC update in January 2012. Further, the definition should be set out in a new Section 6.
- The "trauma center" definition should be amended to recognize that neighboring states verify or designate trauma centers differently than Indiana, which accepts the American College of Surgeons trauma center verification. Illinois, for example, has its own state trauma center designation process.
- The "transport time" definition should be amended to create an end time for the 45-minute exception.

Other considerations:

- Medical directors and local protocols remain a vital component of patient triage and transport decisions under this rule. For example:
  - Local protocols determine appropriate hospitals that trauma patients are taken to when trauma centers are too far away.
  - Local protocols determine when Step Three or Step Four patients need care at a trauma center or the nearest appropriate hospital.
  - Local protocols decide when patients who don't meet the CDC criteria for trauma care may be taken to a trauma center.
- In several areas of the state, the nearest trauma center is on the other side of a state line. Indiana EMS crews regularly transport patients across state lines to get the appropriate care their patients need. In fact, the reality that trauma care is unrelated to geographic boundaries works in reverse in Evansville, where Deaconess Hospital is officially considered part of the Illinois trauma system.
- The November rule adopted by the Commission was a compromise that combined good medical care for seriously injured patients with the realities that the state does not have as many EMS providers or trauma centers as it needs.
- The State Department of Health has used sophisticated geo-mapping technology to model the effect of the Triage and Transport Rule adopted by the EMS Commission last November. The model shows that 58 percent of Hoosiers live less than 45 minutes from one of the state's eight trauma centers; 68 percent of the state's interstate highway miles lie within 45 minutes of a trauma facility.
- Some have expressed concerns that Indiana Medicaid does not, or will not, reimburse out-of-state trauma centers and Indiana ambulances that transport patients past Indiana hospitals to out-of state trauma centers. Indiana Medicaid officials have assured us that, in its fee-for-service program, Indiana is an "any willing provider" state. Such providers need only be enrolled with Indiana Medicaid to be reimbursed, and such enrollment can take place after care is delivered. Indiana's contracted managed care organizations may have additional credentialing requirements that providers must meet to enroll, but in the case of emergencies, providers not participating in managed care are still eligible for reimbursement as long as they are enrolled in fee-for-service.
- A statewide triage and transport rule that applies to every ZIP code in the State, providing flexibility for EMS professionals to make decisions in the field in the best interests of their patient, is an appropriate way to care for seriously injured Hoosiers and visitors to our state.